

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 / 585864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		(1)		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)		1		
9		(1)		1		
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18		(1)		1		
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28		(1)		1		
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31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		(1)		1		
38	1		1			
39	1		1			
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	36	←	35	←		←
TOTAL CLAIMS	40		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						